


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 JAN -5 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000126996

1. Corporation Name  
Treasure Beach Company

REINSTATEMENT 03

100026028101  
01/05/04--01059--028 \*\*150.00

2. Principal Office Address <u>145 Jefferson Ave</u> Suite, Apt. #, etc. <u>431</u> City & State <u>Miami Beach FL</u> Zip <u>33139</u> Country <u>US</u>		3. Mailing Office Address <u>145 Jefferson Ave</u> Suite, Apt. #, etc. <u>431</u> City & State <u>Miami Beach FL</u> Zip <u>33139</u> Country <u>US</u>	
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4. Date Incorporated or Qualified To Do Business in Florida 12/01/02

5. FEI Number 20-0023600 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Paul A Christodoulou

Street Address (P.O. Box Number is Not Acceptable)  
145 Jefferson Ave

Suite, Apt. #, Etc.  
431

City Miami Beach FL State FL Zip Code 33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 12/29/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>POT</u>	<u>Paul Christodoulou</u>	<u>145 Jefferson Ave #431</u>	<u>Miami Beach FL 33139</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 12/29/03 Time 3:55 Daytime Phone # 534 3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

December 29, 2003

Paul Christodoulou  
Treasure Beach Company  
145 Jefferson Avenue  
Unit 431  
Miami Beach FL 33139  
Document # P02000126996

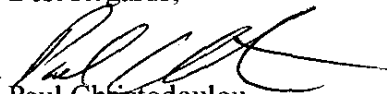
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

To Whom It May Concern:

The corporation, Treasure Beach Company, is hereby applying for a waiver of the reinstatement fee. The annual report form was not received by the corporation. I have included the \$150 fee indicated on your voice messaging system and attached herein is the Corporation Reinstatement Form signed and dated on December 29, 2003.

Please process my reinstatement request at your earliest convenience.

Best Regards,



Paul Christodoulou  
President  
Treasure Beach Company